

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/589546** FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER			
	1 ST AMENDMENT		2 ND AMENDMENT			IND.		1 ST AMENDMENT			
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1					51						
2					52						
3					53						
4					54						
5					55						
6					56						
7	1		X		57						
8					58						
9					59						
10					60						
11					61						
12					62						
13					63						
14					64						
15					65						
16			1		66						
17			1		67						
18			1		68						
19			1		69						
20			1		70						
21			1		71						
22			1		72						
23			1		73						
24			1		74						
25			1		75						
26			1		76						
27			1		77						
28			1		78						
29			1		79						
30			1		80						
31			1		81						
32			1		82						
33			1		83						
34			1		84						
35			1		85						
36			1		86						
37			1		87						
38			1		88						
39			1		89						
40			1		90						
41			1		91						
42			1		92						
43			1		93						
44			1		94						
45			1		95						
46			1		96						
47			1		97						
48			1		98						
49			1		99						
50			1		100						
TOTAL IND.					TOTAL IND.						
TOTAL DEP.					TOTAL DEP.						
TOTAL CLAIMS			20		TOTAL CLAIMS						